

KNOX COUNTY

MASS CASUALTY INCIDENT RESPONSE



STANDARD OPERATING GUIDELINES

Revised
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INTRODUCTION.

This Mass Casualty Incident Response Standard Operating Guideline is a consensus document of agreed upon procedures and protocols which, when effectively implemented, will help improve outcomes and manage these rare incidents. An MCI is commonly defined as one where the volume and severity of casualties quickly overwhelms readily-available resources. This SOG is maintained by the Emergency Management Agency on behalf, and with the advice of emergency service agencies located within or responding to Knox County.

I. SOG PURPOSE

The Knox County Mass Casualty Incident Response SOG provides guidance to the Incident Commander, EMS Group Supervisor, local first responders and the Regional Communications Center to implement an effective and decisive response to a Mass Casualty Incident that occurs in Knox County.

This SOG defines an effective command organization intended to eliminate confusion and enhance response management during an MCI. This SOG details the communications requirements that should be implemented and the response activities that should occur. This SOG provides methods to manage medical operations during an MCI to help protect against loss of life.

All parties involved realize this is a “living document” and is subject to periodic revision and change. While the plan shall be reviewed on an annual basis, it shall also be reviewed each time the plan is utilized. All stakeholders shall be consulted before any change to the plan is implemented.

II. CONCEPT OF OPERATIONS

This SOG is based on the National Incident Management System (NIMS) version of the Incident Command System (ICS) and utilizes the Simple Triage and Rapid Treatment (**START**) process.

The Incident Commander, the EMS Group Supervisor and first responders have a clear understanding a Mass Casualty Incident may not function in the same manner as day-to-day EMS responses: The same individual level of care may not be possible during an MCI due to the number and severity of patients coupled with limited resources.

Response strategies used during an MCI may include:

- Maximum use of other available emergency personnel (such as firefighters and police officers).
- Concentration on patients most likely to be saved (proper triage).
- Appointment of an AEMT or EMT-P as Treatment Officer.
- Rapid transport having priority over Advanced Life Support (ALS) on the scene.
- Providing ALS while en-route to hospitals.
- Reserving on-scene ALS for those patients having to wait for transport.
- Response personnel working safely in a directed, coordinated effort.

LIFE CYCLE OF A MASS CASUALTY INCIDENT RESPONSE

- Initial reporting of an incident.
- First responders arrive on scene; evaluate scene safety.
- Incident Command is established and an MCI is declared.
- Communication Center dispatches additional responders and alerts hospital(s), Lifelight and if necessary, responders and resources external to Knox County.
- Patients are sorted and triaged.
- Patients are moved to Treatment areas.
- Patients are loaded on available ground and/or air ambulances.
- Patients are transported to area hospitals.
- Incident Command accounts for all patients and their hospital assignments.
- Hospitals receive and treat patients.
- Incident Command is terminated and resources are returned to service.

ASSUMPTIONS

The types of incidents encompassed by this plan will be different from day to day operations; there are several key issues which need to be considered when implementing the MCI plan. It should be assumed:

- The initial responding units will be quickly overwhelmed
- The immediate resources available to the municipality will not be adequate to handle the incident
- The Incident Command System will be implemented as soon as possible to assure a smooth response
- Mutual aid units will be required to cover areas that they normally do not respond to
- Hospitals will need to be advised sooner than normal as to numbers and types of casualties
- Resources outside of the “normal” daily response may be needed to accomplish mitigation of the incident
- Incidents may involve a location that does not provide easy access to or transport of victims from the site. Incident Command should use their discretion when requesting resources and organizing incident positions such as the Command Post, Staging Area, etc.

III. DEFINITIONS

MASS CASUALTY INCIDENT: This SOG views a Mass Casualty Incident (MCI) as any incident where the number and severity of patients requires mobilization of EMS resources beyond those required for everyday emergencies. In this case, available EMS resources, usually adequate for routine calls within a given coverage area, are quickly overwhelmed. For Knox County, the target number of patients to be *generally* considered for declaration of a mass casualty event will be five (5) or more. This is not a fixed number as lower numbers of victims with higher acuity or, higher numbers of victims with relatively low acuity can have the same effect of overwhelming resources.

ISLAND-DECLARED MASS CASUALTY INCIDENT: An island-declared MCI provides many challenges including weather, limited availability of resources, emergency transportation and logistics. Normally and Island–Declared MCI will require deployment of responders from the mainland and establishment of a secondary casualty collection point(s) at the airport, ferry terminal or other identified location. A recommended Concept of Operations for an island-declared MCI is included in Annex.

SPECIAL RESPONSE AREA: Involvement of special response agencies (e.g. U.S. Coast Guard, Maine Wardens Service, etc.) should be considered when an incident occurs in an area of uncertain jurisdiction; is spread over multiple jurisdictions or requires a special response to reach and mitigate the event.

AMBULANCE STRIKE TEAM: When requesting resources from out of the area, the NIMS terminology of an “Ambulance Strike Team” shall be utilized. While the NIMS describes a strike team as five of the same *Kind* and *Type* of resource, we realize that this is an unrealistic goal for the State of Maine. Therefore, in accordance with this plan, any reference to an “Ambulance Strike Team” will reference three (3) ambulances of the same type.

IV. DECLARATION OF A “MASS CASUALTY INCIDENT”

The Incident Commander or EMS Group Supervisor will contact the Knox County Regional Communications Center (KRCC) by radio or phone and transmit the following information:

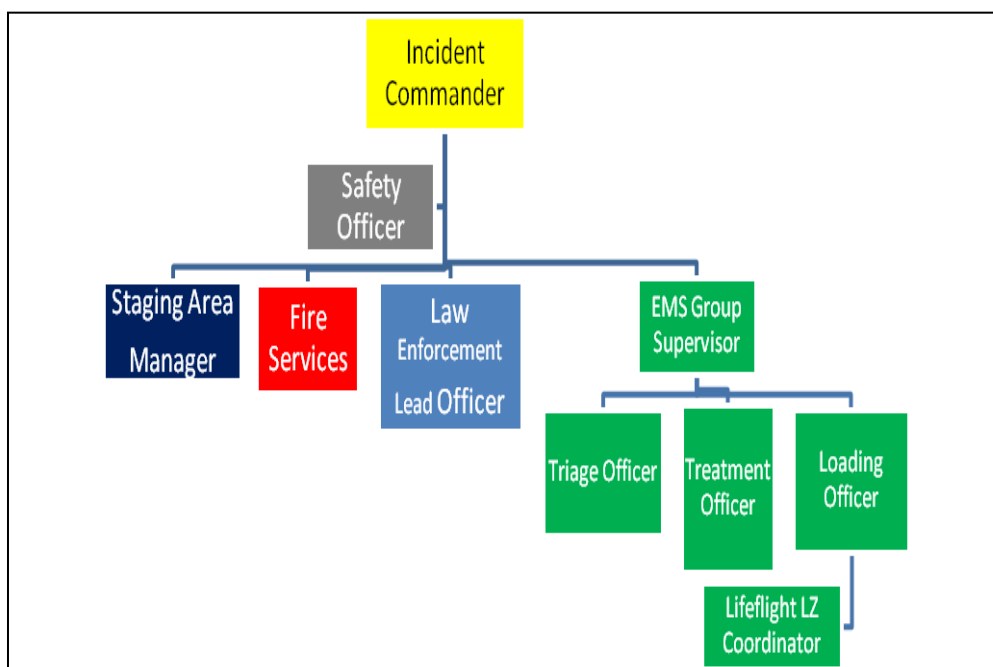
- Caller’s Identification
- Location of Incident
- Best Access Route
- Number of Injured/General Types of injuries
- Known hazards
- Staging Areas
- Resources needed, including any special equipment
- Identity of the Primary Hospital
- Communication Plan
- Report of on-scene personnel/classification

Example: *“Union Portable 60 is on scene at 567 Common Road, Union. I am declaring a Level 4 Mass Casualty incident. Access will be off Route 131 South. I have 24 victims with trauma injuries. There are hazardous materials present. Staging will be at the Come Spring Cafe. Penobscot Bay Medical Center will be the Primary Hospital. Please dispatch the following.....”*

V. INCIDENT COMMAND ACTIONS

- ☐ Arrival Report: Transmit a brief initial radio report.
- ☐ Command: Establish Incident Command.
- ☐ Size Up: Evaluate the situation, identify if the incident is an MCI.
- ☐ Staging: Identify location of staging area and means of access.
- ☐ Action Plan: Develop a strategy to manage the scene.
- ☐ Perimeters: Secure perimeter utilizing Law Enforcement.
- ☐ Command Post: Assume effective Command position.
- ☐ Communications: Identify the Command channel. Develop an Incident Communications Plan.
The IC should request On-Site KRCC Incident Dispatch Support as needed. IC should also request CONOPS as needed.
- ☐ Mutual Aid: Request appropriate additional assistance.
- ☐ Hospital Alert: Report patient estimate to hospitals.

General organization of the EMS Group (*other elements shown to depict relationships within ICS*)



Responders must understand this organizational chart is simply the operations responsibilities for a minor incident. Should an incident expand in size or cover multiple operational periods, more positions of the NIMS ICS model will need to be activated.

VI. COMMUNICATIONS CENTER ACTIONS

The Knox County Regional Communications Center (KRCC) Public Safety Dispatcher will query callers to obtain as much information about the incident as possible. The Dispatcher will dispatch the appropriate EMS Service and Fire Department. The Dispatcher will also dispatch a law enforcement officer as available and needed. Once the Incident Commander or EMS Group Supervisor has declared a Mass Casualty Incident (MCI), the Dispatcher will immediately dispatch all resources as requested by the Incident Commander or EMS Group Supervisor. If an MCI is declared and a request is not made, the Dispatcher will contact the Incident Commander as query as to which resources are required.

When an MCI is declared, the KRCC will utilize the "County Wide Tone" via radio page and *I am Responding* application (IaR) to alert and dispatch the proper resources to the incident. For each tier of mutual aid assets utilized, the KRCC will utilize the "County Wide Tone" rather than individual service tones to request assets to respond. The use of the "County Wide Tone" will allow the KRCC to not only dispatch multiple agencies in a shorter period of time, it will enable them to notify all county assets of a large scale incident that may involve their response should the situation escalate. Assets dispatched to the scene will depend on the incident location and the pre- assigned assets according to the Knox County MCI Response Card. (Assignments in Appendix)

The Dispatcher will contact the County EMA Director and notify him/her of the situation and provide any info on known, requested or anticipated resources needs that are unmet.

As soon as practical, the dispatcher shall obtain the location of staging and other essential information from Incident Command. Safety information should be collected from Incident Command and relayed to other responding units as soon as possible (i.e. power lines down, chemicals involved, spectators in the roadway, emergency vehicles blocking traffic, armed suspect still on the scene, officer directing traffic at intersection, etc.).

Incidents of the magnitude to cause this plan to be implemented will be confusing and chaotic for all responders, especially the Incident Commander and the Dispatch center. Coordinated response of assets and staff is critical to the effective and timely mitigation of an MCI. No matter their proximity or relation to the event at hand, units **MUST NOT** "self dispatch" themselves to the incident. Doing so will cause other areas affected by this plan to possibly go without adequate coverage, create dangerous responses by improperly intersecting apparatus and overwhelm the scene with apparatus, POV's and staff that has not been planned for.

VII. ESTABLISHING MEDICAL OPERATIONS

After the establishment of Incident Command, the first arriving EMT will assume the responsibility of all EMS Operations and the title of EMS Group Supervisor (described as *EMS Control Officer in MeEMS "Grey 13-16" Protocol*). As personnel become available, the EMS Group Supervisor will assign competent EMS personnel to each of the following tasks:

1. **Primary Triage Officer:** Rapidly assesses all patients and determines their initial classification using the **START** algorithm. Attaches appropriate color flag tape or METTAG. Directs all “Minor” injury patients to self extricate from area and move towards treatment area. Only attempts to open airway and apply tourniquets as needed for “Immediate” injury patients before moving

2. **Secondary Triage Officer:** Tags all patients or assigns personnel to conduct tagging; supervises necessary immobilization and oversees patient transfer to the Casualty Collection Point. *(The Primary and Secondary Triage Officers may be combined until sufficient responders are on scene to assist)*

3. **Treatment Officer:** Sets up and supervises a Casualty Collection Point. Reassesses and retags (if necessary) patients and locates patients in sub-areas corresponding to their METTAG color; Assigns providers arriving from the staging area (as requested) to patients needing care or movement to the loading area; Prioritizes multiple patients of similar category for movement to loading area.

4. **Loading Officer:** Designates a holding area for vehicles assigned to patient transport duties. Supervises loading of patients on ambulances; Assigns patients to specific hospitals, ensures that they have the proper license level of EMT accompanying them (if available) and informs ambulance drivers of destination. Contacts hospital and coordinates on patients being sent to their ER and completes the Patient Manifest/Census Scene Card.

- As more EMS responders arrive on scene, consider providing assistants to the Triage, Treatment and Loading officers as needed.

- All emergency medical services care provided on scene should be at the Basic Life Support (BLS) level. Advanced Life Support (ALS) may be accomplished on board the transporting ambulances while en-route to the hospital, if ALS qualified EMT’s are on board.

- Consider using available firefighters and other responders to assist the Triage and Treatment Officers as Stretcher/Backboard carriers. Non-EMS may be used to stay with patients during triage and treatment, to move patients from the Triage Area to the Treatment Area and from the Treatment Area to the Loading Area. Firefighters may also be used to manage Staging Operations. All EMS ICS Officer positions should wear the color coded vests provided in the MCI kits that clearly identify the roles to which they have been assigned. Each ambulance in Knox County is provided with an MCI kit. Additionally, the Knox County EMA has a supply of MCI vests.

VIII. TRIAGE

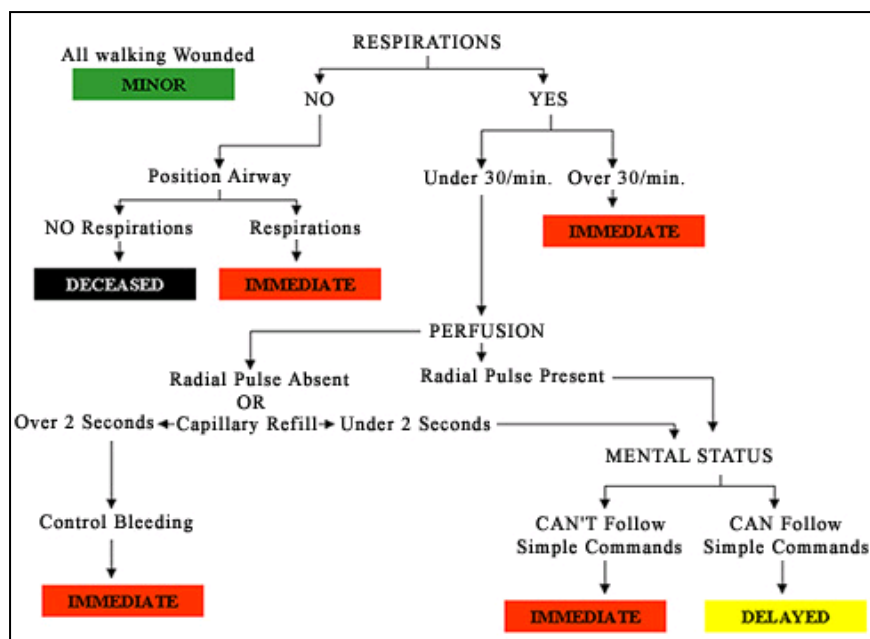
Triage categorizes and sorts injured patients based on the severity of injury and urgency of treatment needed. Initial triage can be performed by any adequately trained and experienced responder. This is generally the first patient treatment action taken at the scene of an MCI. After initial triage, the injured are provided treatments based on their level of need. After the EMS Group Supervisor is established, the next arriving EMT should be assigned as the Triage Officer. The Triage Officer will report to the EMS Group Supervisor the number and severity of injured.

The initial triage process should only take 10-15 seconds for each patient and should follow the **START** Triage system algorithm. **START** is a proven triage process which helps the Triage Officer quickly determine the severity of each patient through a rapid assessment of respiration perfusion and mental status. There are limited interventions allowed during initial triage under **START**: Opening the airway through head positioning and, Applying a tourniquet to control life threatening bleeding. Patients will receive treatment once they reach the treatment area. Only patients requiring prolonged extrication will receive treatment where they lie.

Once the Triage Officer has performed initial triage, and determined/reported numbers of patients, a more in-depth secondary (ongoing) triage should be performed.

When faced with more than one patient, it is the Incident Commander's duty to afford the greatest number of people the greatest chance of survival. To accomplish this, care and transport is provided according to the seriousness of a victim's injury or illness.

The "**START**" Triage system algorithm:



This rapid triage quickly sorts injured patients who generally fall into these prioritized color-coded categories:

RED (Immediate)	Correctable Life-Threatening Illness or Injury Conditions requiring immediate treatment/transport by ambulance to prevent jeopardy to life or limb and which will not unduly deplete personnel/equipment resources. Examples include progressive shock, major blood loss, major multiple injuries, severe respiratory distress, suspected heart attack, severe head injuries, cervical spine injuries, open wounds, fractures without distal pulses, femur fractures, critical or complicated burns
YELLOW (Delayed)	Serious But Not Life-Threatening Illness or Injury Not requiring immediate transport to prevent jeopardy to life and limb, but will eventually require ambulance transport to hospital for attention. Examples include moderate blood loss, and moderate burns
GREEN (Minor)	"Walking Wounded" or No Injuries. Minor conditions probably not requiring ambulance transport to hospital. Examples include soft tissue injuries, sprains, and minor burns.
BLACK (Deceased)	Dead or obvious Fatal injuries. Includes Cardiac arrest (no pulse for over 20 minutes except with cold water drowning or severe hypothermia), decapitation, severed trunk, and incineration.

The Triage Officer will utilize the **METTAG system** to categorize each patient. Triage tag categories will be torn off leaving the proper color category as the lower most portion of the tag. The triage tag should be attached to the lower left leg or foot when possible. The Triage Officer shall collect all torn off portions of the tags in order to complete the Patient Census Card. The Triage Officer will not fill in any information on the METTAG. The Treatment Officer will complete the METTAG as time allows.

FRONT

Site Mark or Property Tag Patient #:

HAZMAT? Y / N (If yes, see back)

Personal Property Tag Patient #:

HAZMAT? Y / N (If yes, see back)

Commander's Log Patient #:

Status (circle): Red Yellow Green Black HAZMAT? Y / N

Name: Sex: M / F Age:

Sent to: Time:

Transport by:

For Ambulance Use Patient #:

HAZMAT? Y / N (If yes, see back)

DECON? Y / N (If yes, see back)

METTAG 2 Patient #:

CHEM / BIO Triage Tag Patient keeps this strip

HOSPITAL RECORD Patient #:

Sex: M / F Pregnant? Y / N Age:

Patient Name:

Address: Street:

City: State: Zip:

Notify Tele: Name: Relation:

Zone Authorized? Patient I EMS I Other:

By:

Time	BP	Pulse	Resp.	Alert Response
				Alert Verb: Pain Un.
				Alert Verb: Pain Un.

Med. History: Rx / Allergies / Problems?

Front Eval. Back Eval.

Triage Status Log

Time	Initials	Status
		R Y G B
		R Y G B
		R Y G B

HAZMAT? Y / N / ? (If Y or ?, see back) Note: Y/N and status above. Remove appropriate tag(s) below. [X] to all types above.

DECON? Y / N (If Y, see back)

USE ONLY UNDER GUIDANCE OF LOCAL AUTHORITY. MAY NOT DUPLICATE FOR OFFICIAL USE ONLY © March 2004 The American Civil Defense Association

0 EXPECTANT X if dead: ☐

1 IMMEDIATE

2 DELAYED

3 MINIMAL X if no injuries: ☐

BACK

Site Mark or Property Tag

Notes/HAZMAT:

Personal Property Tag

Notes/HAZMAT:

Commander's Log

Notes/HAZMAT/DECON:

For Ambulance Use

Notes/HAZMAT:

Safety Issues Notes:

A-E Triage System™

EMT/MD/Org.

EMT/MD/Org.

Name: Badge #:

A1 Assess Risk If danger, get all patients to safe triage/DECON area

A2 Assess Priority 1st: Send ambulatory patients to GREEN area. 2nd: Check those not moving or not alert. 3rd: Check all others

B1 Breathing If not breathing, repo airway. If still not breathing, tag Expectant. Tag Immediate if major breathing problem (aver. > 1 breath per 2 secs)

B2 Bleeding Control major bleeding. If can't, tag Expectant. If weak pulse or capillary refill takes > 2 seconds, tag Immediate

C Categorize Remainder If not alert & life is threatened tag Immediate. If serious, but no immediate threat to life, tag Delayed. Non-serious injuries or no injuries, tag Minimal (if no injuries, note on front)

D Decon (check boxes, if done): ☐ Gross Decon: Do upwind. Scrape away gross HAZMAT. Remove contaminated clothes & protective gear, watches etc. Cut away clothing, if needed to prevent further skin contact. Wash hands. ☐ Secondary: Use skin decon kit if available. If whole body exposure, use copious soap/water shower/spray. Chemical decon with 0.5% solutions (e.g. 1 part bleach/10 parts water) - not in eyes or open body cavities. Flush eyes with water. Put on fresh clothes. HAZMAT/Decon notes:

E Evacuate: Check for dangerous items & HAZMAT status? If safe, check box ☐ If not, explain:

Treatment Type	Amount/Rate/Etc.	Time	Initials

For more information or training materials call TACDA / METTAG Products Inc. at 1-800-425-5397 or visit our website at WWW.TACDA.ORG or WWW.METTAG.COM

0 EXPECTANT Notes:

1 IMMEDIATE Notes:

2 DELAYED Notes:

3 MINIMAL Notes:

The Patient Manifest/Census Scene Card is a simple form that is designed to track the number and types of casualties to allow accurate early reporting to the receiving hospital(s) and patient accountability. Once this form is completed, it should be forwarded to the Loading Officer to allow him/her to notify receiving facilities about incoming casualties and to request the proper number of units to ensure expedient patient transport. The form should then be forwarded to the EMS Group Supervisor to provide a clear picture of the number of injuries/casualties involved in the incident.

IX. TREATMENT

Once Triage, patients are taken to a Treatment Area or **Casualty Collection Point (CCP)** and are physically separated in Red, Yellow or Green sections based on their treatment/transport priority. It is here where medical personnel should begin treatment and packaging for transport under the direction of the Treatment Officer. RED Patients will be moved first, followed by YELLOW, then GREEN. Under optimal circumstances, multiple GREEN patients can be directed to the loading area on foot with an EMT in attendance to make the most room available for non-ambulatory casualties. Emergency personnel carrying patients will be directed by the Treatment Officer on where to place each Patient.

Note: *Casualties categorized as BLACK should be left in place for investigative purposes unless movement is necessary to prevent destruction or clear access. They may be moved to a temporary morgue when the Medical Examiner or lead law enforcement officer on scene dictates. See section XVI-Deceased victims.*

Using color coded signs, tarps or surveyor's tape, the Treatment Officer will mark off the specific treatment areas to establish boundaries between the RED, YELLOW and GREEN areas.

The condition of victims in the treatment areas should be continually reassessed until the last victim has left the scene of the incident. If a victim's condition worsens they should be moved to an higher priority group. If a victim's condition improves, they may be moved to a lower priority group. The Treatment Officer will retag those patients whose condition has changed. As time permits, the Treatment Officer and assistants will fill in as much information on the METTAG as possible.

RED patients will receive priority when loading for patients is being assigned. YELLOW Patients will be next. Advanced Life Support should be reserved for patients having to wait extended periods for transport. Treatment will be limited to Basic Life Support and limb-saving procedures. Under no circumstance should transport be delayed for treatment purposes, especially in cases where trauma treatment can be performed en-route to the hospital. Trauma victims will be saved in the operating room, not in the field, thus rapid transport is the key.

X. LOADING

The Loading Officer will be responsible for communicating with the Treatment Officer to determine the number and priority of victims. This information will assist in determining the number and type of transport units needed. It is up to the Loading Officer to determine the mode by which each victim will be transported; whether by helicopter, ground ambulance, bus, patrol car, etc. The Loading Officer will take into consideration the availability of resources, weather conditions for Life Flight helicopter operations and available landing zones, the proximity to the nearest hospitals, and the number and nature of injuries. For examples, ambulances can transport one RED-tag Patient and one YELLOW-tag patient at the same time with a minimal crew while a bus can transport large numbers of GREEN Patients under minimal medical supervision.

The Loading Officer will forward all requests for transport resources, such as Life Flight helicopters, ground ambulances and busses, to the EMS Group Supervisor. The EMS Group Supervisor or Incident Commander will forward any requests for additional transport resources through the Regional Communications Center. The Incident Commander will request mutual aid by number and type of units or personnel needed through the Regional Communications Center. The Communications Center will dispatch the proper responding agencies per the Knox County MCI Response Card. The responding units will be advised to respond to the Staging Area and given the staging frequency. The Loading Officer will assign assistants to locate and set up a Life Flight landing Zone as needed or available. He/she will establish communications with the Life Flight helicopter upon its arrival in the area on State Fire.

Only the Incident Commander or the EMS Group Supervisor will be authorized to request the Life Flight helicopter. This request will be made through the Knox County Regional Communications Center. Flight requests are phoned in to [REDACTED]. Additional aeromedical support may be possible from the Maine National Guard or the U. S. Coast Guard when requested.

Patient identification and accountability will be accomplished using the METTAG serial number.

As much as possible, the Loading Officer will coordinate with the Treatment Officer to make a single radio call to the receiving hospital with Patient ID number, Triage priority (tag color), nature of injury, transporting ambulance and ETA. The Loading Officer will also discuss with the primary receiving hospital about the need to divert minor injuries to another facility. This will be done to prevent the primary hospital for the incident from becoming overwhelmed and ordering diversions.

The Loading Officer will maintain a Patient Manifest/Census Scene Card (see Appendix) which will identify which hospital each patient is transported.

XI. STAGING AREA

All ambulances responding to the incident will park at the Staging Area, which is under the direction of the Staging Area Manager. EMS Transport units and their personnel will remain in this area until they are called out of staging to relocate to the Loading Area or the Treatment Area as requested.

XII. TRANSPORTATION

Ambulances will give radio reports to the hospital ER when radio traffic allows. If the original driver of the ambulance was also an EMT, consideration should be made to reassign the responder to the incident scene under the direction of the EMS Group Supervisor and/or other assigned EMS officers to assist with the Triage, Treatment and Loading. A non-EMS responder can be reassigned to drive the ambulance if qualified. If a large group of minor patients is being transported to a facility together, a general call in should also be made to inform the hospital of general conditions and patient totals.

XIII. INCIDENT COMMUNICATIONS PLAN

In order to simplify message traffic without eliminating communication interoperability, the Incident Commander, Logistics Section Chief or Communications Officer must develop and distribute an Incident Communications Plan. A preplanned ICS-205A for Knox County is included in the appendix.

Communications Concept of Operations (CONOPS)

The State of Maine has developed a Communications Concept of Operation (**CONOPS**). Should a local Incident Commander require additional simplex (brick to brick) radio frequencies, the IC may request up to eight pre-identified state frequencies for the use in the incident. The incident must meet at least 3 of the following 4 criteria:

- Involve response from four (4) or more agencies
- Anticipated duration of six (6) or more hours
- Involves response from at least three (3) levels of govt.
- Local simplex (talk-a-round) channels not adequate for commanders needs.

The incident commander calls the Maine Emergency Management Agency (MEMA) at 1-800-452-8735 (24/7/365), identifies him/herself, summarizes the situation, requests specific frequencies, identifies inbound calling freq., and gives contact information. If the request is approved, MEMA will notify all communications centers within the incident region through the State of Maine Public Safety Dispatch Centers. The IC must notify MEMA when operations terminate.

The Frequencies are:

CONOPS 1	Statewide State Police	154.7100
CONOPS 2	Nationwide Car to Car	155.4750
CONOPS 3	EMS/LASAR	155.1600
CONOPS 4	State Police Car to Car	154.9350
CONOPS 5	State Fire	154.3100
CONOPS 6	Statewide Car to Car	154.6950
CONOPS 7	VCALL-10 (<i>a federal interoperability channel</i>)	155.7525 (PL 156.7)
CONOPS 8	Repeated MSCOMMNET (MSCN)	Freq assigned by CMRCC

Copies of the State of Maine 205 FORM for CONOPS Implementation and the State of Maine 205-A form are included in the appendix section of this document.

XIV. RESOURCES

Each Ambulance should maintain the following MCI materials in a kit:

- Vests for: EMS Group Supervisor, Triage Officer, Treatment Officer, Loading Officer
- THOMAS Triage Kit with: 25 METTAGs , Surgical mask, Eye Protection, Colored Tagging Tape, Writing Tools, Patient Manifest/Census Scene Card,
- 2 Clipboards
- CONOPS Card
- Lifelight LZ Set Up Card
- Copy of Knox County Mass Casualty Incident Response SOG with Service Specific Response Card

XV. HAZARDOUS MATERIAL INCIDENTS

EMS personnel should be aware that a Mass Casualty Incident could be the result of a Hazardous Materials release. Practice assertive scene safety. Personal protection and safety is paramount – if EMS personnel become victims themselves, they will add to the problem and not to the solution.

All Emergency Responders should be trained to the Hazardous Materials: First Responder – Awareness Level and should only complete the following activities:

- Assess the Situation
- Secure the Area or perimeter
- Protect one's self from injury or contamination
- Reports assessment and observations to Incident Command

Care should be taken not to unnecessarily contaminate ambulances with victims who were exposed to hazardous materials. Some level of Decontamination of the victims should be performed prior to loading these victims.

Most area hospitals have some capability to accept and process contaminated patients. They must be advised early in an incident life cycle if this hospital-based decontamination will be required.

XVI. DECEASED VICTIMS (from MeEMS "Grey 9-10" Protocol)

GENERAL RESPONSIBILITY FOR DECEASED PERSONS: The Office of Chief Medical Examiner is responsible for deceased victims of mass disasters including identification and removal from the scene. The Office of Chief Medical Examiner ([REDACTED]) should be informed immediately of any multiple fatality situations.

1. BODIES SHOULD BE LEFT IN PLACE AT SCENE except when they must be moved to preserve them from destruction or when they block access. The resting place of the victim may be critical for identification of the body and/or reconstruction of the incident. They should be tagged as fatalities to prevent other medical personnel from repeating examination.

2. IF DEATH OCCURS EN ROUTE TO THE HOSPITAL, the body need not be returned to the scene but can be brought to the hospital or other suitable storage place as determined by distances and needs of other patients in the ambulance. If the body is left anywhere other than the hospital or designated temporary morgue, the body should be tagged and the Office of Chief Medical Examiner should be advised.

3. THE SITE A VICTIM IS REMOVED FROM SHOULD BE NOTED on a tag along with the name and agency of the person who removed it whenever removal is needed and in cases of death after removal. Such information may be critical for identification of the body and/or reconstruction of the incident.

4. IF AN IDENTIFICATION OF A PATIENT IS MADE, a tag with at least the name and date of birth of the patient/deceased along with the identifier's name, relationship, address and where he/she can be located should be put on the body.

5. PERSONAL PROPERTY SHOULD BE LEFT WITH THE BODY including clothing removed from a patient if the victim dies. Nothing should be removed from those already deceased.

XVII. APPLICABLE PARTIES

This SOG shall apply to all Mass Casualty Incidents in Knox County. Agencies or parties responsible for operating under this SOG include:

- All public and private sector EMS/Ambulance Services
- All Fire Departments
- All Law Enforcement Agencies
- Knox County Emergency Management Agency and associated teams/personnel
- Knox County Regional Communications Center
- Penobscot bay Medical Center
- Other public or private sector parties or agencies called to assist

APPENDIX CONTENTS

ICS 205-A INCIDENT COMMUNICATIONS PLAN~ KNOX MCI FREQUENCY ASSIGNMENT (Preplan)

STATE OF MAINE FORM 205 INCIDENT RADIO COMMUNICATIONS PLAN FOR CONOPS

PATIENT MANIFEST/CENSUS SCENE CARD

KNOX COUNTY MCI RESPONSE CARDS

ISLAND-DECLARED MCI: CONCEPT OF OPERATIONS

INCIDENT RADIO COMMUNICATIONS PLAN			Incident Name Knox MCI Frequency Assignment			Date/Time Prepared v4.20		Operational Period Date/Time		
Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	Tx Tone/NAC	Mode A, D or M	Remarks	
1	Tactical	Lead Agency Ch.							Assignable by lead agency	
2	Command-South	SOUTH TAC	COMMAND	155.3850 N	103.5	159.0600 N	103.5	A	Repeated from Benner Hill	
2	Command-North	NORTH TAC	COMMAND	152.5625 N	127.3	157.8300 N	127.3	A	Repeated from Coggans Hill	
3	Triage/Transport	EMS/Laser	Transport/Staging	155.1600 N		155.1600 N		A	Staging/Transport Ops	
4	Air Support	State Fire	Lifeflight LZ	154.3100 N		154.3100 N		A	LZ to be determined by IC	
5	Tactical	Marine VHF Ch 22a	USCG Command Ch	157.1000 N		157.1000 N		A	Water Rescue Ops	
6	Medical Control	Pen Bay Hospital	Hospital Comms	155.3400 N	136.5	155.3400 N	136.5	A	Hospital Comms.	
7	Maine Hailing	VCALL 10	State/Fed Hailing Ch.	155.7525 N		155.7525 N		A	State/Federal Hailing Ch.	
8	RegionNet	Coggins	MSP Interop. Ch.	154.7250 N		159.3000 N		A	MSP Interop Rptr Ch	
9	Incident Mgmt.	Knox EMA	Mgmt. Ch.	155.7450 N		155.7450 N		A	ICP to EOC	
10	Staging	ConOps 1	Staging	154.7100 N		154.7100 N		A	Staging (Loc T/B/D by IC)	
11										
12										
13										
14										
15										
16										
17										
18										
19										
Prepared By (Communications Unit) COM/L Knox County					Version April 2020					Incident Location County Knox State Latitude N Longitude W

The convention calls for frequency lists to show four digits after the decimal place, followed by either an "N" or a "W", depending on whether the frequency is narrow or wide band. Mode refers to either "A" or "D" indicating analog or digital (e.g. Project 25) or "M" indicating mixed mode. All channels are shown as if programmed in a control station, mobile or portable radio. Repeater and base stations must be programmed with the Rx and Tx reversed.

STATE OF MAINE FORM 205 INCIDENT RADIO COMMUNICATIONS PLAN FOR CONOPS			1. Incident Name	2. Date/Time Prepared	3. Operational Period Date/Time
4. Basic Radio Channel Utilization					
Radio Type/Cache	Channel	Function	Frequency/Tone	Assignment	Remarks
			CONOPS 1 STATEWIDE STATE POLICE 154.7100		
			CONOPS 2 NATIONWIDE CAR-CAR 155.4750		
			CONOPS 3 EMS/Laser 155.1600		
			CONOPS 4 STATE POLICE CAR-CAR 154.9350		
			CONOPS 5 STATE FIRE 154.3100		
			CONOPS 6 STATWIDE CAR-CAR 154.6950		
			CONOPS 7 VCALL10 155.7525 (PL 156.7)		
			CONOPS 8 Repeated MSCN <i>Assignable by CMRCC</i>		
5. Prepared by:					

Sample Patient Manifest/Census Scene Card

[illegible]

Verified by [REDACTED] 5/15/2022				
KNOX CO. AMBULANCE BOX ALARM SYSTEM				
Municipality	Zone	Description of Zone		
CUSHING	All	ALL OF CUSHING		
Level	Unit to Scene/Staging			Cover Assignments
0	CUSR			
1	WARR	THMR	RKLDFD	
2	RKLFD	STHR	NEMH	STGR To Westbrook St for Area Coverage
3	NEMH	WDBR	STGR	WDBR to TFD
4	NEMH	WDBR	UNIR	LCAST to Warren FD
5	NEMH	MDCOM		WCAST to NEMH, KCAST to Union FD

Abbreviations - KCAST - (Kennebec County Ambulance Strike Team), **LCAST** - (Lincoln County Ambulance Strike Team), WCAST (Waldo County Ambulance Strike Team)

*****AMBULANCE STRIKE TEAMS ARE 3 RESCUES FROM DESIGNATED COUNTY- Coordinated via Dispatch*****

CUSR- Cushing Rescue, THMR - Thomaston Rescue, RKLFD - Rockland Fire/EMS,
WARR - Warren Rescue, STHR – South Thomaston Rescue, NEMH – Northeast Mobile Health,
WDBR - Waldoboro Rescue, STGR - St. George Rescue, UNIR - Union Rescue,
MDCOM - MedComm

COVERAGE ASSIGNMENTS - ALL RESCUES GO TO STAGING UNLESS OTHERWISE DIRECTED

Verified by [REDACTED] 5/23/2022				
KNOX CO. AMBULANCE BOX ALARM SYSTEM				
Municipality		Zone	Description of Zone	
NEMH		C/R	Towns of Camden & Rockport	
Level	Unit to Scene/Staging		Cover Assignments	
0	NEMHS	NEMHS		
1	NEMHS	RKLFD	RKLFD	UNIR to West Rockport Fire station for area coverage
2	UNIR	BELR	WARR	WDBR to Union Area for coverage // MDCOM for additional NEMHS resource
3	WDBR	THMR	WDBR	STHR to Rockland for Area Coverage // LBTYR to Union Area for Coverage
4	NEMHS	LCAST		
5	Call EOC for additional resources			

Abbreviations - KCAST - (Kennebec County Ambulance Strike Team), LCAST - (Lincoln County Ambulance Strike Team), WCAST (Waldo County Ambulance Strike Team)

*****AMBULANCE STRIKE TEAMS ARE 3 RESCUES FROM DESIGNATED COUNTY- Coordinated via Dispatch*****

BELR - Belfast Ambulance, SRMR - Searsmont Ambulance, UNIR - Union Rescue, RKLFD - Rockland Fire/EMS, NEMH – Northeast Mobile Health, THMR - Thomaston Rescue, WARR - Warren Rescue, WDBR- Waldoboro Rescue

Verified by [REDACTED] 5/23/2022					
KNOX CO. AMBULANCE BOX ALARM SYSTEM					
Municipality		Zone	Description of Zone		
NEMH		Hope	Town of Hope		
Level	Unit to Scene/Staging				Cover Assignments
0	NEMHS	NEMHS			
1	NEMHS	UNIR	SRMR		Rockland to NEMHS Base for area Coverage
2	RKLFD	RKLFD	WARR	Northport First Resp	WDBR to Union Area for coverage
3	WDBR	THMR	WDBR		LBTYR to Union Area for Coverage
4	LBTYR	WCAST			
5	Call EOC for additional resources				

Abbreviations - KCAST - (Kennebec County Ambulance Strike Team), LCAST - (Lincoln County Ambulance Strike Team), **WCAST** (Waldo County Ambulance Strike Team)

*****AMBULANCE STRIKE TEAMS ARE 3 RESCUES FROM DESIGNATED COUNTY- Coordinated via Dispatch*****

BELR - Belfast Ambulance, SRMR - Searsmont Ambulance, UNIR - Union Rescue, RKLFD - Rockland Fire/EMS, LBTYR- Liberty Rescue, NEMH – Northeast Mobile Health, THMR - Thomaston Rescue, WARR - Warren Rescue.

Verified by [REDACTED] 5/23/2022					
KNOX CO. AMBULANCE BOX ALARM SYSTEM					
Municipality		Zone	Description of Zone		
Lincolnville		Lincv	Town of Lincolnville		
Level	Unit to Scene/Staging				Cover Assignments
0	NEMHS	NEMHS			
1	NEMHS	BELR	SRMR	Northport First Resp	Rockland to NEMHS Base for area Coverage
2	UNIR	RKLDFD	RKLFD		Warren Rescue to NEMHS for area Coverage
3	WARR	THMR	SAS		WDBR to Union Area for coverage
4	WDBR	WCAST			
5	Call EOC for additional resources				

Abbreviations - KCAST - (Kennebec County Ambulance Strike Team), LCAST - (Lincoln County Ambulance Strike Team), **WCAST** (Waldo County Ambulance Strike Team)

*****AMBULANCE STRIKE TEAMS ARE 3 RESCUES FROM DESIGNATED
COUNTY- Coordinated via Dispatch*****

BELR - Belfast Ambulance, SRMR - Searsmont Ambulance, UNIR - Union Rescue, RKLFD - Rockland Fire/EMS, NEMH – Northeast Mobile Health, SAS - Searsport Ambulance, THMR - Thomaston Rescue, WARR - Warren Rescue, WDBR- Waldoboro Rescue.

All zones verified by [REDACTED] 5/11/2022				
KNOX CO. AMBULANCE BOX ALARM SYSTEM				
Municipality	Zone		Description of Zone	
ROCKLAND	1		All points East of Rt. 90 within City boundaries	
Level	Unit to Scene/Staging			Cover Assignments
0	RKLFD	RKLFD	RKLFD	
1	THMR	NEMH	STHR	STG Rx to 131&Wstbrk St./activate EOC
2	STGR	NEMH	WARR	CUSR to TFD WDBR to TFD for Area Coverage
3	CUSR	UNIR	WDBR	
4	NEMH	KCAST		
5	Contact EOC for more resources			

KNOX CO. AMBULANCE BOX ALARM SYSTEM				
Municipality	Zone		Description of Zone	
ROCKLAND	2		Rt. 90 within City boundaries	
Level	Unit to Scene/Staging			Cover Assignments
0	RKLDFD	RKLDFD	RKLDFD	
1	NEMH	THMR	WARR	STHR to RFD/activate EOC
2	STHR	NEMH	UNIR	STGR to Westbrook St for area coverage WDBR to TFD for Area Coverage
3	STGR	WDBR	CUSR	
4	NEMH	KCAST		
5	Contact EOC for more resources			

Abbreviations - **KCAST** - (Kennebec County Ambulance Strike Team), **LCAST** - (Lincoln County Ambulance Strike Team), **WCAST** (Waldo County Ambulance Strike Team)

*****AMBULANCE STRIKE TEAMS ARE 3 RESCUES FROM DESIGNATED COUNTY- Coordinated via Dispatch*****

RKLFD - Rockland Fire/EMS, THMR - Thomaston Rescue, NEMH- Northeast Mobile Health, STHR – South Thomaston Rescue, UNIR - Union Rescue, STGR - St. George Rescue, WARR - Warren Rescue, WDBR - Waldoboro Rescue, CUSR- Cushing Rescue

COVERAGE ASSIGNMENTS - ALL RESCUES GO TO STAGING UNLESS OTHERWISE DIRECTED

Verified by [REDACTED] 5/11/2022					
KNOX CO. AMBULANCE BOX ALARM SYSTEM					
Municipality			Zone		Description of Zone
St. George			All		All of Saint George
Level	Unit to Scene/Staging				Cover Assignments
0	STGR2				
1	STHR	THMR	RKLFD		STHR - Tenants Harbor Station
2	WARR	CUSR	WDBR		WARR - Rt. 73/ Tenants Harbor Station (as directed)
3	NEMH	NEMH	UNIR		NEMH - Rt. 73/ Tenants Harbor/ Port Clyde Station (as directed)
4	LCAST	WCAST	KCAST		
5	Contact EOC for more resources				

NOTE: if Patient Coming in from Monhegan Island during MCI, please ask boat to take patient to Port Clyde, so STG may transport to Pen Bay or Miles Hospital.
(Weather and sea state may prevent this option-dispatch coordinate with Monhegan Boat Line 372-8848 or with boat direct via USCG)

Abbreviations - KCAST - (Kennebec County Ambulance Strike Team), **LCAST** - (Lincoln County Ambulance Strike Team), **WCAST** (Waldo County Ambulance Strike Team)

*****AMBULANCE STRIKE TEAMS ARE 3 RESCUES FROM DESIGNATED COUNTY- Coordinated via Dispatch*****

*****AMBULANCE STRIKE TEAMS ARE 3 RESCUES FROM DESIGNATED COUNTY*****

NEMH – Northeast Mobile Health, RKLFD - Rockland Fire/EMS, STGR - St. George Rescue, STHR – South Thomaston Rescue, THMR - Thomaston Rescue, CUSR- Cushing Rescue, UNIR- Union Rescue, WARR - Warren Rescue, WDBR - Waldoboro Rescue, NEMH- Northeast Mobile Health
COVERAGE ASSIGNMENTS - ALL RESCUES GO TO STAGING UNLESS OTHERWISE DIRECTED

Verified by [REDACTED] 5/11/2022				
KNOX CO. AMBULANCE BOX ALARM SYSTEM				
Municipality	Zone	Description of Zone		
South Thomaston	All	All Of South Thomaston		
Level	Unit to Scene/Staging			Cover Assignments
0	STHR			
1	RKLF	RKLF	NEMH	
2	THMR	STGR	NEMH	
3	WARR	CUSR	WDBR	
4	NEMH	NEMH		WCAST to NEMH Station
5	UNIR	LCAST	MDCOM	KCAST to Waldoboro Station

Abbreviations - **KCAST** - (Kennebec County Ambulance Strike Team), **LCAST** - (Lincoln County Ambulance Strike Team), **WCAST** (Waldo County Ambulance Strike Team)

*****AMBULANCE STRIKE TEAMS ARE 3 RESCUES FROM DESIGNATED COUNTY- Coordinated via Dispatch*****

NEMH - Northeast Mobile Health, RKLF - Rockland Fire/EMS, STGR - St. George Rescue, STHR - South Thomaston Rescue, THMR - Thomaston Rescue, UNIR - Union Rescue, WARR - Warren Rescue, WDBR - Waldoboro Rescue, NEMH- Northeast Mobile Health
MDCOM - MedComm, CUSR- Cushing Rescue

COVERAGE ASSIGNMENTS - ALL RESCUES GO TO STAGING UNLESS OTHERWISE DIRECTED

Verified by [REDACTED] 5/11/2022				
KNOX CO. AMBULANCE BOX ALARM SYSTEM				
Municipality	Zone	Description of Zone		
THOMASTON	all	All Of Thomaston		
Level	Unit to Scene/Staging			Cover Assignments
0	THMR			
1	RKLDFFD	RKLDFFD	NEMH	CUSR to TFD/Activate EOC
2	WARR	STHR	NEMH	STGR To Westbrook St for Area Coverage
3	CUSR	WDBR	STGR	WDBR to TFD
4	NEMH	NEMH	UNIR	LCAST to WFD
5	WDBR	WDBR		WCAST to Camden, KCAST to Union

Abbreviations - **KCAST** - (Kennebec County Ambulance Strike Team), **LCAST** - (Lincoln County Ambulance Strike Team), **WCAST** (Waldo County Ambulance Strike Team)

*****AMBULANCE STRIKE TEAMS ARE 3 RESCUES FROM DESIGNATED COUNTY- Coordinated via Dispatch*****

NEMH – Northeast Mobile Health, RKLFD - Rockland Fire/EMS, STGR - St. George Rescue, STHR – South Thomaston Rescue, THMR - Thomaston Rescue, UNIR - Union Rescue, WARR - Warren Rescue, WDBR - Waldoboro Rescue, NEMH- Northeast Mobile Health, CUSR- Cushing Rescue

COVERAGE ASSIGNMENTS - ALL RESCUES GO TO STAGING UNLESS OTHERWISE NOTED

All zones verified by [REDACTED] 5/11/2022				
KNOX CO. AMBULANCE BOX ALARM SYSTEM				
Municipality	Zone		Description of Zone	
UNION	1		Hope & Union	
Level	Unit to Scene/Staging			Cover Assignments
0	UNIR			
1	NEMH	NEMH	WARR	
2	WDBR	RKLFD	WDBR	
3	RKLFD			
4	WCAST			To Staging
5	KCAST			To Staging

KNOX CO. AMBULANCE BOX ALARM SYSTEM				
Municipality	Zone		Description of Zone	
UNION	2		Appleton & Washington	
Level	Unit to Scene/Staging			Cover Assignments
0	UNIR			
1	NEMH	WDBR	WARR	
2	RKLFD	NEMH	WDBR	
3	LBTYR	SRMR		
4	KCAST			To Staging
5	LCAST			To Staging

Abbreviations - **KCAST** - (Kennebec County Ambulance Strike Team), **LCAST** - (Lincoln County Ambulance Strike Team), **WCAST** (Waldo County Ambulance Strike Team)

*****AMBULANCE STRIKE TEAMS ARE 3 RESCUES FROM DESIGNATED COUNTY- Coordinated via Dispatch*****

NEMH – Northeast Mobile Health, RKLFD - Rockland Fire/EMS, UNIR - Union Rescue, WARR - Warren Rescue, WDBR - Waldoboro Rescue, LBTYR- Liberty Rescue, SRMR- Searsmont Rescue,

COVERAGE ASSIGNMENTS - ALL RESCUES GO TO STAGING UNLESS OTHERWISE DIRECTED

Verified by [REDACTED] 5/11/2022				
KNOX CO. AMBULANCE BOX ALARM SYSTEM				
Municipality	Zone		Description of Zone	
Waldoboro EMS	All		All of Friendship	
Level	Unit to Scene/Staging			Cover Assignments
0	WDBR			
1	WDBR	WDBR	WARR	At Dispatch Discretion
2	CUSR	CLC	UNIR	At Dispatch Discretion
3	THMR	STHR	CLC	At Dispatch Discretion
4	KCAST	KCAST	KCAST	At Dispatch Discretion
5	Contact EOC for more Resources			

Abbreviations - **KCAST** - (Kennebec County Ambulance Strike Team), **LCAST** - (Lincoln County Ambulance Strike Team), **WCAST** (Waldo County Ambulance Strike Team)

*****AMBULANCE STRIKE TEAMS ARE 3 RESCUES FROM DESIGNATED
COUNTY- Coordinated via Dispatch*****

WDBR - Waldoboro Rescue, CUSR- Cushing Rescue, WARR - Warren Rescue,
THMR - Thomaston Rescue, RKLFD - Rockland Fire/EMS, STHR – South Thomaston Rescue,
UNIR- Union Rescue, MDCOM – MedComm, CLC- Central Lincoln County Ambulance Service

COVERAGE ASSIGNMENTS - ALL RESCUES GO TO STAGING UNLESS OTHERWISE DIRECTED

Verified by [REDACTED] 5/17/2022				
KNOX CO. AMBULANCE BOX ALARM SYSTEM				
Municipality	Zone		Description of Zone	
WARREN	all		All of Warren	
Level	Unit to Scene/Staging			Cover Assignments
0	WARR	WDBR		
1	WDBR	RKLF	THMR	
2	NEMH	UNIR	NEMH	
3	STHR	NEMH	RKLF	RKLF Stage at Warren/Thomaston Line
4	STGR	MDCOM	NEMH	If Avail, NEMH Stage at Warren/Rockland Line
5	Contact EOC for more resources			

Abbreviations - KCAST - (Kennebec County Ambulance Strike Team), LCAST - (Lincoln County Ambulance Strike Team), WCAST (Waldo County Ambulance Strike Team)

*****AMBULANCE STRIKE TEAMS ARE 3 RESCUES FROM DESIGNATED COUNTY- Coordinated via Dispatch*****

WARR - Warren Rescue, WDBR - Waldoboro Rescue, UNIR - Union Rescue,
THMR - Thomaston Rescue, RKLF - Rockland Fire/EMS, NEMH – Northeast Mobile Health,
STHR – South Thomaston Rescue, STGR - St. George Rescue, UNIR-Union Rescue,
MDCOM - MedComm

COVERAGE ASSIGNMENTS - ALL RESCUES GO TO STAGING UNLESS OTHERWISE DIRECTED

KNOX COUNTY ISLANDS:

Verified by [REDACTED] 5/17/2022					
KNOX CO. AMBULANCE BOX ALARM SYSTEM					
Municipality		Zone		Description of Zone	
NORTH HAVEN		ALL		North Haven and surrounding islands	
Level	Unit to Scene/Staging				Comments
0	NH1				None
1	VH				Crew + provider w/supplies
2	RKLDFFD	NEMH	NEMH	*	3 responders (2 Advanced, 1 Medic) w/supplies *No Fly Weather: Go to Level 3 Automatically
3					6 responders w/supplies Activate North Haven based ferry/Alert USCG & MMP (If mainland ferry activated consider sending additional Level 4 ambulances as directed)
4					9 responders w/ supplies Activate mainland based ferry: 3 ambulances to Island as directed
5					12 responders with supplies 6 ambulances to Island as directed

****MCI Level 2 and above shall activate the Mainland Operations Division (MOD); the MOD shall assemble and send the appropriate resources to the island and develop a Mainland Transport Group***

<i>MOD: Mainland Operations Division</i>	
<p>Upon the initial activation of the MOD, an EMS Ops supervisor will take charge of assembling the requested resources and sending them to the Island via air, boat or both. The MOD Supervisor will immediately set up a staging area to deploy resources from (airport, ferry terminal, public landing) The MOD Supervisor will also stand-up a mainland transport group to facilitate the transfer of patients coming off the Island to the most appropriate medical center. Upon activation of the MOD, all mainland assets shall report to the MOD staging area.</p> <p>Responders traveling to the Island should go in groups of four: 3 providers (2 AEMT's and 1 EMT-P) and 1 person capable of taking an ICS position on the Island. Crews must bring all requisite equipment possible.</p>	
<p><i>Abbreviations -</i> <i>***If requested, AMBULANCE STRIKE TEAMS ARE 3 RESCUES FROM DESIGNATED COUNTY-Coordinated by Dispatch***</i></p> <p>NH1- North Haven EMS, VH – Vinalhaven EMS, RKLFD-Rockland Fire/EMS, NEMH-Northeast Mobile Health</p>	
ASSIGNMENTS – ALL MAINLAND RESCUES GO TO MOD STAGING UNLESS OTHERWISE DIRECTED	

Verified by [REDACTED] 5/17/2022					
KNOX CO. AMBULANCE BOX ALARM SYSTEM					
Municipality		Zone	Description of Zone		
VINALHAVEN		ALL	Vinalhaven and surrounding islands		
Level	Unit to Scene/Staging				Cover Assignments
0	VH2	VH3			None
1	NH				Crew + provider w/supplies
2	STHR	RKLDFD	NEMH	*	3 responders (2 Advanced, 1 Medic) w/supplies *No Fly Weather: Go to Level 3 Automatically
3	THMR	RKLDFD	NEMH		6 responders w/supplies Activate Vinalhaven based ferry/ALERT USCG & MMP. (If mainland ferry activated consider sending NEMH and additional Level 4 ambulances)
4	WARR	NEMH	STGR		9 responders w/ supplies Activate mainland based ferry: 3 ambulances to Island
5	Call EOC for additional resources				12 responders with supplies 6 ambulances to Island as directed

****MCI Level 2 and above shall activate the Mainland Operations Division (MOD); the MOD shall assemble and send the appropriate resources to the island and develop a Mainland Transport Group***

MOD: Mainland Operations Division	
<p>Upon the initial activation of the MOD, an EMS Ops supervisor will take charge of assembling the requested resources and sending them to the Island via air, boat or both. The MOD Supervisor will immediately set up a staging area to deploy resources from (airport, ferry terminal, public landing)The MOD Supervisor will also stand-up a mainland transport group to facilitate the transfer of patients coming off the Island to the most appropriate medical center. Upon activation of the MOD, all mainland assets shall report to the MOD staging area.</p> <p>Responders traveling to the Island should go in groups of four: 3 providers (2 AEMT's and 1 EMT-P) and 1 person capable of taking an ICS position on the Island. Crews must bring all requisite equipment possible.</p> <p>Abbreviations: <u>***If requested, AMBULANCE STRIKE TEAMS ARE 3 RESCUES FROM DESIGNATED COUNTY- Coordinated by Dispatch***</u></p> <p>VH- Vinalhaven EMS, NH – North Haven EMS, RKLFD - Rockland Fire/EMS, NEMH – Northeast Mobile Health, STHR – South Thomaston Rescue, THMR - Thomaston Rescue, WARR - Warren Rescue, STGR - St. George Rescue,</p> <p>ASSIGNMENTS – ALL MAINLAND RESCUES GO TO MOD STAGING UNLESS OTHERWISE DIRECTED</p>	

Knox County MCI Response Plan

Island-Declared MCI: Concept of Operations

The Islands are at a distinct disadvantage due to their limited resources and inability to have immediate mutual aid without waterborne or air transportation. Given these circumstances, those personnel on the Islands must be acutely aware of their limitations and activate the MCI plan as soon as a potential need is determined. Mobilizing mainland assets to assist the Islands requires determining the most efficient manner to deploy resources to the island. Air travel is significantly affected by weather issues, but boat transport is also affected.

The Mainland Operations Division (MOD) must be activated as soon as Island personnel believe that multiple transport units on the mainland will be needed or when mainland assets are requested to respond to the Islands. The MOD Supervisor must be cognizant of the turnaround times for aircraft, their limitations for transporting personnel, equipment and patients as well as the same issues with boats.

If the weather allows, the initial response should be to the Airport where the MOD can assemble and deploy resources by air to the Island. The Transport Group may need to transport victims from whichever point they arrive on the mainland: airport, Coast Guard base, Ferry Terminal, Public Landing or other. All transports coming to the mainland via boat should utilize Marine Channel 22a for communications with mainland EMS assets.

Upon activation the MOD shall utilize a CONOPs frequency (EMS LASER if available) for all Mainland operations.

The MOD shall deploy personnel to the Island as determined by the MCI level, with deployment groups being 4 personnel whenever possible. The assigned personnel should be a three EMS providers (2 AEMT's and 1 EMT-P) and one ICS Position person.

ICS Positions required for the Mainland Operations Division:

MOD Supervisor- responsible for setting up staging area to deploy resources to Islands, tasking resources and equipment for deployment and standing up a transport group to bring victims on mainland to hospitals. The MOD Supervisor shall be the primary contact person between the Island and EMS resources and transport units on the mainland.

ICS positions personnel: These are trained personnel capable for filling in key ICS roles either on the mainland or on the Island. The MOD Supervisor will try to send one ICS capable person with every 3 EMS providers deployed to the Island to assist the IC. This is a role easily filled by any fire officer (LT or above) or other trained responder with the requisite NIMS/ICS training and the skills and ability to step into any role with authority. It is also noted these personnel typically should not be ALS licensed unless there are numerous ALS resources available. It has been found that ALS personnel very often are re-purposed to provide care as their knowledge and skills are often better served in that capacity.

Transport Group Supervisor (TGS): Reports to the MOD Supervisor and is responsible for readying an area or areas to receive victims from the Island and coordinates the requisite resources to facilitate their transport to the appropriate medical facilities. The TGS may also serve as Staging/Resources Supervisor as he/she will be assembling and tasking ambulances and crews thus knowing what numbers and levels of providers are on hand and may be available to assist in other needs.